

# APPLICATION FOR CERTIFIED DEATH CERTIFICATE

MAIL FORM TO: **CITY OF GRAPEVINE  
CITY SECRETARY'S OFFICE  
P O BOX 95104  
GRAPEVINE, TEXAS 76099-9704**

TELEPHONE: 817-410-3181

STREET ADDRESS: 200 South Main Street, First Floor  
Grapevine, TX 76051

Number Requested

1 (One) CERTIFIED COPY X \$21.00 = \_\_\_\_\_

EXTRA COPIES X \$4.00 = \_\_\_\_\_

**TOTAL ENCLOSED** = \_\_\_\_\_

## OFFICE USE ONLY

Certificate No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Control No. \_\_\_\_\_

Date PU/Mail \_\_\_\_\_

Issued By \_\_\_\_\_

**CERTIFICATES ISSUED 9:00 a.m. – 4:00 p.m., Monday – Friday**

*Please make check/money order payable to City of Grapevine*

**Please Print – See bottom of page for detailed instructions**

1. NAME ON RECORD \_\_\_\_\_  
FIRST MIDDLE LAST

2. DATE OF DEATH \_\_\_\_\_ 3. SEX \_\_\_\_\_  
MONTH DAY YEAR

4. DATE OF BIRTH \_\_\_\_\_ 5. PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

6. PLACE OF DEATH Grapevine, Tarrant County, Texas 7. SOCIAL SECURITY NUMBER \_\_\_\_\_

8. MOTHER'S NAME \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME

9. FATHER'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

10. YOUR NAME \_\_\_\_\_  
FIRST MIDDLE LAST

11. MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

12. TELEPHONE NO. \_\_\_\_\_  
(MON - FRI 8 A.M. - 5 P.M.)

13. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 \_\_\_\_\_

14. PURPOSE FOR OBTAINING THIS RECORD \_\_\_\_\_

**WARNING STATEMENT: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

**NOTE: Mail requests must provide copy of Driver's License, Passport or State Identification Card**

**FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-3, 8 AND 9), RELATIONSHIP (ITEM 13), AND PURPOSE (ITEM 14) BE PROVIDED IN ORDER TO ISSUE RECORD. (08/12) DeathApplication Internet.doc**

# INSTRUCTIONS FOR APPLICATION FOR CERTIFIED DEATH CERTIFICATE

(Records available for deaths occurring in Grapevine, Texas since August 1973)

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

## **CERTIFICATES ISSUED 9:00 a.m. – 4:00 p.m., MONDAY THROUGH FRIDAY**

- Item 1. Name on Record: State the Full Name of the person as shown on the death record.
- Item 2. Date of Death: Give the exact date of death. This application is only valid for deaths occurring in Grapevine, Tarrant County, Texas since August 1973.
- Item 3. Sex: Enter Male or Female.
- Item 4. Date of Birth: Give the date of deceased's birth. This information assists staff in positively identifying a record.
- Item 5. Place of Birth: Give the city, county or state where deceased was born. This information assists staff in positively identifying a record.
- Item 6. Place of Death: This application is only valid for deaths occurring in Grapevine, Tarrant County, Texas.
- Item 7. Social Security Number: Give social security number of deceased, if known. This information assists staff in positively identifying a record.
- Item 8. Mother's Name: Give the Full Name (including mother's maiden name) as shown on the death record.
- Item 9. Father's Name: Give the Full Name as shown on the death record.
- Item 10. Your Name: You are the applicant, so give your Full Name.
- Item 11. Mailing Address: Give your complete current mailing address.
- Item 12. Telephone Number: Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.
- Item 13. Relationship to person named on record: State how you are related to the person on the death record.
- Item 14. Purpose for obtaining this record: State the reason or purpose for which you are requesting this record.

**Sign and Date** the application. Enclose a copy of **Driver's License, Passport or State Identification Card**. Mail to the address at the top of this application, with the correct **fee**.

Should you require further assistance, please call us at 817-410-3181.